

## Connecticut Debate Association

October 16, 2010. AITE and Westhill High School

### Resolved: The U.S. should legalize the sale and use of “illicit” drugs.

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#### The Parable of Prohibition

A very bizarre chapter of history can teach us a lot.

Slate: books, by Johann Hari

Posted Thursday, June 3, 2010, at 10:03 AM ET

Since we first prowled the savannahs of Africa, human beings have displayed a few overpowering and ineradicable impulses—for food, for sex, and for drugs. Every human society has hunted for its short cuts to an altered state: The hunger for a chemical high, low, or pleasingly new shuffle sideways is universal. Peer back through history, and it's everywhere. Ovid said drug-induced ecstasy was a divine gift. The Chinese were brewing alcohol in prehistory and cultivating opium by 700 A.D. Cocaine was found in clay-pipe fragments from William Shakespeare's house. George Washington insisted American soldiers be given whiskey every day as part of their rations. Human history is filled with chemicals, come-downs, and hangovers.

And in every generation, there are moralists who try to douse this natural impulse in moral condemnation and burn it away. They believe that humans, stripped of their intoxicants, will become more rational or ethical or good. They point to the addicts and the overdoses and believe they reveal the true face—and the logical endpoint—of your order at the bar or your roll-up. And they believe we can be saved from ourselves, if only we choose to do it. Their vision holds an intoxicating promise of its own.

Their most famous achievement—the criminalization of alcohol in the United States between 1921 and 1933—is one of the great parables of modern history. Daniel Okrent's superb new history, [\*Last Call: The Rise and Fall of Prohibition\*](#), shows how a coalition of mostly well-meaning, big-hearted people came together and changed the Constitution to ban booze. ...

The story of the War on Alcohol has never needed to be told more urgently—because its grandchild, the War on Drugs, shares the same DNA. Okrent alludes to the parallel only briefly, on his final page, but it hangs over the book like old booze-fumes—and proves yet again Mark Twain's dictum: "History doesn't repeat itself, but it does rhyme."

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With the passage of the 18<sup>th</sup> Amendment in 1921, the dysfunctions of Prohibition began. When you ban a popular drug that millions of people want, it doesn't disappear. Instead, it is transferred from the legal economy into the hands of armed criminal gangs. Across America, gangsters rejoiced that they had just been handed one of the biggest markets in the country, and unleashed an armada of freighters, steamers, and even submarines to bring booze back. Nobody who wanted a drink went without. As the journalist Malcolm Bingay wrote, "It was absolutely impossible to get a drink, unless you walked at least ten feet and told the busy bartender in a voice loud enough for him to hear you above the uproar."

So if it didn't stop alcoholism, what did it achieve? The same as prohibition does today—a massive unleashing of criminality and violence. Gang wars broke out, with the members torturing and murdering one another first to gain control of and then to retain their patches. Thousands of ordinary citizens were caught in the crossfire. The icon of the new criminal class was Al Capone, a figure so fixed in our minds as the scar-faced King of Charismatic Crime, pursued by the rugged federal agent Eliot Ness, that Okrent's biographical details seem oddly puncturing. Capone was only 25 when he tortured his way to running Chicago's underworld. He was gone from the city by the age of 30 and a syphilitic corpse by 40.

But he was an eloquent exponent of his own case, saying simply, "I give to the public what the public wants. I never had to send out high pressure salesmen. Why, I could never meet the demand."

By 1926, he and his fellow gangsters were making \$3.6 billion a year—in 1926 money! To give some perspective, that was more than the entire expenditure of the U.S. government. The criminals could outbid and outgun the state. So they crippled the institutions of a democratic state and ruled, just as drug gangs do today in Mexico, Afghanistan, and ghettos from South Central Los Angeles to the banlieues of Paris. They have been handed a market so massive that they can tool up to intimidate everyone in their area, bribe many police and judges into submission, and achieve such a vast size, the honest police couldn't even begin to get them all. The late Nobel Prize winning economist Milton Friedman said, "Al Capone epitomizes our earlier attempts at Prohibition; the Crips and Bloods epitomize this one."

One insight, more than any other, ripples down from Okrent's history to our own bout of prohibition. Armed criminal gangs don't fear prohibition: They love it. He has uncovered fascinating evidence that the criminal gangs sometimes financially supported dry politicians, precisely to keep it in place. They knew if it ended, most of organized crime in America would be bankrupted. So it's a nasty irony that prohibitionists try to present legalizers—then and now—as "the bootlegger's friend" or "the drug-dealer's ally." Precisely the opposite is the truth. Legalizers are the only people who can bankrupt and destroy the drug gangs, just as they destroyed Capone. Only the prohibitionists can keep them alive.

Once a product is controlled only by criminals, all safety controls vanish and the drug becomes far more deadly. After 1921, it became common to dilute and relabel poisonous industrial alcohol, which could still legally be bought, and sell it by the pint glass. This "rotgut" caused epidemics of paralysis and poisoning. For example, one single batch of bad booze permanently crippled 500 people in Wichita, Kan., in early 1927—a usual event. That year, 760 people were poisoned to death by bad booze in New York City alone. Wayne Wheeler persuaded the government not to remove fatal toxins from industrial alcohol, saying it was good to keep this "disincentive" in place.

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Many people understandably worry that legalization would cause a huge rise in drug use, but the facts suggest this isn't the case. Portugal decriminalized the personal possession of all drugs in 2001, and—as [a study by Glenn Greenwald](#) for the Cato Institute found—it had almost no effect at all.\* Indeed, drug use fell a little among the young. Similarly, Okrent says the end of alcohol prohibition "made it harder, not easier, to get a drink. ... Now there were closing hours and age limits, as well as a collection of geographic proscriptions that kept bars or package stores distant from schools, churches and hospitals." People didn't drink much more. The only change was that they didn't have to turn to armed criminal gangs for it, and they didn't end up swigging poison.

Who now defends alcohol prohibition? Is there a single person left? This echoing silence should suggest something to us. Ending drug prohibition seems like a huge heave, just as ending alcohol prohibition did. But when it is gone, when the drug gangs are a bankrupted memory, when drug addicts are treated not as immoral criminals but as ill people needing health care, who will grieve? ...

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## Governments' Drug-Abuse Costs Hit \$468 Billion, Study Says

By [ERIK ECKHOLM](#), New York Times, May 28, 2009

Government spending related to smoking and the abuse of alcohol and illegal drugs reached \$468 billion in 2005, accounting for more than one-tenth of combined federal, state and local expenditures for all purposes, according to a new study.

Most abuse-related spending went toward direct health care costs for lung disease, cirrhosis and overdoses, for example, or for law enforcement expenses including incarceration, according to the report released Thursday by the [National Center on Addiction and Substance Abuse](#), a private group at

[Columbia University](#). Just over 2 percent of the total went to prevention, treatment and addiction research. The study is the first to calculate abuse-related spending by all three levels of government.

“This is such a stunning misallocation of resources,” said [Joseph A. Califano Jr.](#), chairman of the center, referring to the lack of preventive measures. “It’s a commentary on the stigma attached to addictions and the failure of governments to make investments in the short run that would pay enormous dividends to taxpayers over time.”

Beyond resulting in poor health and crime, addictions and substance abuse — especially alcohol — are major underlying factors in other costly social problems like homelessness, domestic violence and child abuse.

Shifting money from hospitals and prisons to addiction treatment and research has never been politically easy, and it is all the harder now because the federal government and most states face large budget deficits and are cutting many key services. But Mr. Califano said that many preventive measures had rapid payoffs in medical and other expenses.

The work of the center and of Mr. Califano, who was a secretary of Health, Education and Welfare in the

1970s, have sometimes drawn fire from conservatives who put more emphasis on law enforcement than drug treatment and, on the other side, from groups who advocate loosening some drug laws and using needle exchanges and supervised addiction maintenance, as some European countries do, to reduce the personal and societal costs.

Ethan Nadelmann, director of the [Drug Policy Alliance](#), a national group advocating legal reforms, said it was misleading for the report to lump together direct costs of tobacco, alcohol and drug abuse, like ill health, with expenses relating to enforcement of [marijuana](#) laws and prison. Many of the criminal justice costs, Mr. Nadelmann said, are not an inherent result of drug use but rather of policy choices to criminalize it.

“Still, the punch line of their report, that society should invest far more in prevention and treatment, makes total sense,” Mr. Nadelmann said.

The new report cites the antismoking campaigns of the last several decades as a promising model: education, higher taxes and restrictions on smoking zones have cut the incidence of smoking by close to half, saving billions in costs. It called for similar efforts to curb under-age drinking and excess alcohol consumption by adults, using higher taxes on beer, for example.

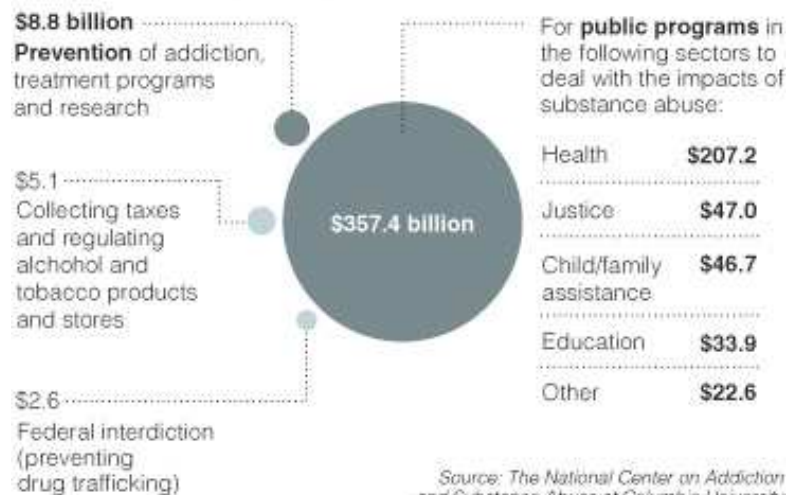
Even with tobacco, far more could be done, according to the report, which noted that only a small fraction of the more than \$200 billion the states have received since 1998 under the Multi-State Tobacco Settlement had gone to prevention of smoking.

Federal studies show that the best drug treatment programs pay for themselves 12 times over, the report said, because patients who succeed have quick improvements in health and behavior.

## Cleaning Up After Substance Abuse

Federal and state financing in 2005 for the prevention of smoking, alcohol and drug abuse was significantly less than the amount spent by public programs to manage their associated problems.

### Federal and state spending on substance abuse and addiction



Source: The National Center on Addiction and Substance Abuse at Columbia University

THE NEW YORK TIMES

The Columbia center called for legislation to require broader coverage of substance abuse treatment by health insurers. Mr. Califano said that as the new Obama administration tried to rein in spiraling health costs, deepening such coverage would be vital.

Some insurance companies have opposed such a sweeping requirement, arguing that the record of drug treatment is too spotty.

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## Drug Policy Reform

### From Wikipedia, the free encyclopedia

**Drug policy reform** (wikipedia) is a term used to describe proposed changes to the way most [governments](#) respond to the socio-cultural influence on perception of psychoactive substance use. Proponents of [drug](#) policy reform believe that [prohibition](#) of currently illegal drugs—such as [cannabis](#), [opioids](#), [cocaine](#), [amphetamines](#) and [hallucinogens](#)—has been ineffectual and counterproductive. They argue that rather than using [laws](#) and enforcement as the primary means to responding to substance use, governments and citizens would be better served by [reducing harm](#) and regulating the production, [marketing](#) and distribution of currently illegal drugs in a manner similar to (or some would say better than) how [alcohol](#) and [tobacco](#) are regulated.

Proponents of drug law reform argue that relative harm should be taken into account in the scheduling of controlled substances. Addictive drugs such as [alcohol](#), [tobacco](#) and [caffeine](#) have been a traditional part of Western culture for centuries and are legal, when in fact the first two are more harmful than some substances scheduled under Schedule I.<sup>[2][3][4]</sup> The U.S. [National Institute for Occupational Safety and Health](#), a branch of the U.S. [Center for Disease Control](#), rated the hallucinogen psilocybin (Schedule I) less [toxic](#) than [Aspirin](#).<sup>[3]</sup> The Dutch government found this also to be true.<sup>[4]</sup> The addictive properties of the drug [nicotine](#) in [tobacco](#) are often compared with heroin or cocaine,<sup>[5]</sup> but [tobacco](#) is legal, even though the [World Health Organization](#) (WHO) in the 2002 World Health Report estimates that in developed countries, 26% of male deaths and 9% of female deaths can be attributed to tobacco smoking.<sup>[2]</sup> According to the [American Heart Association](#), "Nicotine [addiction](#) has historically been one of the hardest addictions to break." The pharmacologic and behavioral characteristics that determine tobacco addiction are similar to those that determine addiction to drugs such as [heroin](#) and [cocaine](#).<sup>[5]</sup>

### Policies

The 1988 [United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances](#) made it mandatory for the signatory countries to “adopt such measures as may be necessary to establish as criminal offences under its domestic law” (art. 3, §1) all the activities related to the production, sale, transport, distribution, etc. of the substances included in the most restricted lists of the 1961 [Single Convention on Narcotic Drugs](#) and 1971 [Convention on Psychotropic Substances](#). Criminalization also applies to the “cultivation of opium poppy, coca bush or cannabis plants for the purpose of the production of narcotic drugs”. The Convention distinguishes between the intent to traffic and personal consumption, stating that the latter should also be considered a criminal offence, but “subject to the constitutional principles and the basic concepts of [the state’s] legal system” (art. 3, §2).<sup>[2]</sup> As a result the prison population throughout most of the world exploded, partly due to the tightening of anti-drug laws, under the influence of the 1988 Convention. The subsequent prison crisis and lack of positive impact on drug use prompted various depenalisation and decriminalization reforms. The [European Monitoring Centre for Drugs and Drug Addiction](#) (EMCDDA) defines decriminalization as the removal of a conduct or activity from the sphere of criminal law; depenalisation signifying merely a relaxation of the penal sanction exacted by law. Decriminalization usually applies to offences related to drug consumption and may include either the imposition of sanctions of a different kind (administrative) or the abolition of all sanctions; other (noncriminal) laws then regulate the conduct or activity that has been decriminalized. Depenalisation usually consists of personal consumption as well as small-scale trading and generally signifies the elimination or reduction of custodial penalties, while the conduct or activity still remains a criminal offence. The term legalization refers to the removal of all drug-related offences from criminal law: use, possession, cultivation, production, trading, etc.<sup>[2][3]</sup>

Drug liberalization proponents hold differing reasons to support liberalization, and have differing policy proposals. The two most common positions are **drug relegalization** (or legalization), and **drug decriminalization**.

### **Drug re-legalization**

Drug re-legalization calls for the end of government-enforced prohibition on the distribution or sale and personal use of specified (or all) currently banned drugs. Proposed ideas range from full legalization which would completely remove all forms of government control, to various forms of regulated legalization, where drugs would be legally available, but under a system of government control which might mean for instance:<sup>[4]</sup>

- mandated labels with dosage and medical warnings,
- restrictions on advertising,
- age limitations,
- restrictions on amount purchased at one time,
- requirements on the form in which certain drugs would be supplied,
- ban on sale to intoxicated persons,
- special user licenses to purchase particular drugs.

The regulated legalization system would probably have a range of restrictions for different drugs, depending on their perceived risk, so while some drugs would be sold over the counter in pharmacies or other licensed establishments, drugs with greater risks of harm might only be available for sale on licensed premises where use could be monitored and emergency medical care made available. Examples of drugs with different levels of regulated distribution in most countries include: caffeine (coffee, tea), nicotine (tobacco)<sup>[5]</sup>, ethyl alcohol (beer, wine, spirits), and antibiotics. Full legalization is often proposed by groups such as [libertarians](#) who object to drug laws on moral grounds, while regulated legalization is suggested by groups such as [Law Enforcement Against Prohibition](#) who object to the drug laws on the grounds that they fail to achieve their stated aims and instead greatly worsen the problems associated with use of prohibited drugs, but who acknowledge that there are harms associated with currently prohibited drugs which need to be minimized. Not all proponents of drug re-legalization necessarily share a common ethical framework, and people may adopt this viewpoint for a variety of reasons. In particular, favoring drug re-legalization does not imply approval of drug use.<sup>[6]</sup>

### **Drug decriminalization**

Drug decriminalization calls for reduced control and penalties compared to existing laws. Proponents of drug decriminalization generally support the use of [fines](#) or other punishment to replace [prison](#) terms, and often propose systems whereby illegal drug users who are caught would be fined, but would not receive a permanent criminal record as a result. A central feature of drug decriminalization is the concept of [harm reduction](#).

Drug decriminalization is in some ways an intermediate between prohibition and legalisation, and has been criticised as being "the worst of both worlds", in that drug sales would still be illegal, thus perpetuating the problems associated with leaving production and distribution of drugs to the criminal underworld, while also failing to discourage illegal drug use by removing the criminal penalties that might otherwise cause some people to choose not to use drugs.

### **Efficacy**

#### **Arguments that prohibitive drug laws are effective**

Supporters of prohibition claim a successful track record suppressing illicit drug use<sup>[1]</sup> since it was introduced 100 years ago.<sup>[2]</sup> The licit drug alcohol has current (last 12 months) user rates as high as 80-90% in populations over 14 years of age,<sup>[3]</sup> and tobacco has historically had current use rates up to 60% of adult populations,<sup>[4]</sup> yet the percentages currently using illicit drugs in OECD countries are generally below 1% of the population excepting cannabis where most are between 3% and 10%, with six countries between 11% and 17%.<sup>[5]</sup>

In the 50 year period following the first 1912 international convention restricting use of opium, heroin and cocaine, the United States' use of illicit drugs other than cannabis was consistently below 0.5% of the population, with cannabis rising to 1-2% of the population between 1955 and 1965.<sup>[6]</sup> With the advent of the counter-culture



movement from the late 1950s, where illicit drug use was promoted as mind-expanding and relatively harmless,<sup>[7]</sup> illicit drug use rose sharply. With illicit drug use peaking in the 1970s in the United States, the 'Just Say No' campaign, initiated under the patronage of Nancy Reagan, coincided with recent (past month) illicit drug use decreases from 14.1% in 1979 to 5.8% in 1992, a drop of 60%.<sup>[8]</sup>

Antonio Maria Costa, executive director of the [United Nations Office on Drugs and Crime](#), has drawn attention to the [drug policy of Sweden](#),<sup>[9][10]</sup> arguing:

Sweden is an excellent example. Drug use is just a third of the European average while spending on drug control is three times the EU average. For three decades,<sup>[nb 1]</sup> Sweden has had consistent and coherent drug-control policies, regardless of which party is in power. There is a strong emphasis on prevention, drug laws have been progressively tightened, and extensive treatment and rehabilitation opportunities are available to users. The police take drug crime seriously. Governments and societies must keep their nerve and avoid being swayed by misguided notions of tolerance. They must not lose sight of the fact that illicit drugs are dangerous - that is why the world agreed to restrict them.

When Sweden reduced spending on education and rehabilitation in the 1990s, illicit drug use rose<sup>[12]</sup> but restoring expenditure<sup>[citation needed]</sup> from 2002 again decreased drug use as student surveys indicate.<sup>[13]</sup> In 2001, a poll run by TEMO for the newspaper Dagens Nyheter, found that 96% of Swedes are strongly supportive of their restrictive drug policy.<sup>[14][dead link]</sup>

### **Arguments that prohibitive drug laws are ineffective**

Stephen Rolles, writing in the British Medical Journal, argues:

"Consensus is growing within the drugs field and beyond that the prohibition on production, supply, and use of certain drugs has not only failed to deliver its intended goals but has been counterproductive. Evidence is mounting that this policy has not only exacerbated many public health problems, such as adulterated drugs and the spread of HIV and hepatitis B and C infection among injecting drug users, but has created a much larger set of secondary harms associated with the criminal market. These now include vast networks of organised crime, endemic violence related to the drug market, corruption of law enforcement and governments.

...

Notwithstanding the vast public resources expended on the enforcement of penal statutes against users and distributors of controlled substances, contemporary drug policy appears to have failed, even on its own terms, in a number of notable respects. These include: minimal reduction in the consumption of controlled substances; failure to reduce violent crime; failure to markedly reduce drug importation, distribution and street-level drug sales; failure to reduce the widespread availability of drugs to potential users; failure to deter individuals from becoming involved in the drug trade; failure to impact upon the huge profits and financial opportunity available to individual "entrepreneurs" and organized underworld organizations through engaging in the illicit drug trade; the expenditure of great amounts of increasingly limited public resources in pursuit of a cost-intensive "penal" or "law-enforcement" based policy; failure to provide meaningful treatment and other assistance to substance abusers and their families; and failure to provide meaningful alternative economic opportunities to those attracted to the drug trade for lack of other available avenues for financial advancement.<sup>[17]</sup>

Moreover, a growing body of evidence and opinion suggests that contemporary drug policy, as pursued in recent decades, may be counterproductive and even harmful to the society whose public safety it seeks to protect. This conclusion becomes more readily apparent when one distinguishes the harms suffered by society and its members directly attributable to the pharmacological effects of drug use upon human behavior, from those harms resulting from policies attempting to eradicate drug use.<sup>[18]</sup>

With aid of these distinctions, we see that present drug policy appears to contribute to the increase of violence in our communities. It does so by permitting and indeed, causing the drug trade to remain a lucrative source of economic opportunity for street dealers, drug kingpins and all those willing to engage in the often violent, illicit, black market trade.

Meanwhile, the effect of present policy serves to stigmatize and marginalize drug users, thereby inhibiting and undermining the efforts of many such individuals to remain or become productive, gainfully employed members of society. Furthermore, current policy has not only failed to provide adequate access to treatment for substance abuse, it has, in many ways, rendered the obtaining of such treatment, and of other medical services, more difficult and even dangerous to pursue.<sup>[19]</sup>

## **Deterrence**

### **Arguments that prohibition discourages drug use**

A 2001 Australian study of 18-29 year olds by the NSW Bureau of Crime Statistics and Research suggests that prohibition deters illicit drug use.<sup>[26]</sup> 29% of those who had never used cannabis cited the illegality of the substance as their reason for never using the drug, while 19% of those who had ceased use of cannabis cited its illegality as their reason.

A mechanism by which illicit drug use is controlled is the price of drugs. Gil Kerlikowske, Director of the US [ONDCP](#) argues: "Controls and prohibitions help to keep prices higher, and higher prices help keep use rates relatively low, since drug use, especially among young people, is known to be sensitive to price. The relationship between pricing and rates of youth substance use is well-established with respect to alcohol and cigarette taxes. There is literature showing that increases in the price of cigarettes triggers declines in use."<sup>[27]</sup>

The DEA argues "Legalization has been tried before—and failed miserably. Alaska's experiment with legalization in the 1970s led to the state's teens using marijuana at more than twice the rate of other youths nationally. This led Alaska's residents to vote to re-criminalize marijuana in 1990."<sup>[28]</sup>

Drug Free Australia has cited the Netherlands as an example of drug policy failure because it is soft in approach.<sup>[1]</sup> They argue that the Dutch idea of going soft on cannabis dealers, thereby creating a 'separation of markets' from hard drug dealers has failed to stem the initiation to drugs such as heroin, cocaine and amphetamines. In 1998 the Netherlands had the third highest cannabis and cocaine use in Europe.<sup>[1]</sup> According to Barry McCaffrey of US Office of Drug Control Policy, Dutch tolerance has allowed the Netherlands to become a criminal epicentre for illicit synthetic drug manufacture, particularly ecstasy, as well as the home for production and worldwide export of strains of cannabis with THC reportedly 10 times higher than normal.<sup>[29]</sup>

### **Arguments that prohibition does not discourage drug use**

It has been suggested that drug law reform could reduce the use of hard drugs as it has in countries such as The Netherlands.<sup>[35]</sup> According to a 2009 annual report by the European Monitoring Centre for Drugs and Drug Addiction, the Dutch are among the lowest users of marijuana or cannabis in Europe, despite the Netherlands' policy on soft drugs being one of the most liberal in Europe, allowing for the sale of marijuana at "coffee shops", which the Dutch have allowed to operate for decades, and possession of less than 5 grams (0.18 oz).<sup>[36]</sup>

British Crime Survey statistics indicated that the proportion of 16 to 24 year-olds using cannabis decreased from 28% a decade ago to 21%, with its declining popularity accelerating after the decision to downgrade the drug to class C was announced in January 2004. The BCS figures, published in October 2007, showed that the proportion of frequent users in the 16-24 age group (i.e. who were using cannabis more than once a month), fell from 12% to 8% in the past four years.<sup>[37]</sup>

## **Gateway drug theory**

### **Arguments that cannabis is a gateway drug**

The US Drug Enforcement Agency's "2008 Marijuana Sourcebook" clearly states that recent research supports the gateway hypothesis that certain drugs (such as cannabis) act as gateways to use of harder drugs such as heroin, either because of social contact or because of an increasing search for a better high.<sup>[38]</sup> Proponents cite studies such as that of 311 same sex twins, where only one twin smoked cannabis before age 17, and where such early cannabis smokers were five times more likely than their twin to move on to harder drugs.<sup>[39]</sup>

### **Arguments that cannabis is not a gateway drug**

Several research studies have addressed the question whether cannabis leads to the use of harder drugs such as alcohol, cocaine and heroin, and concluded that it does not act as a gateway drug. A study of drug users in Amsterdam over a 10-year period conducted by Jan van Ours of Tilburg University in the Netherlands concluded that cannabis is not a stepping stone to using cocaine or heroin. The study found that there was little difference in the probability of an individual taking up cocaine as to whether or not he or she had used cannabis. The US Institute of Medicine found no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs.

## Health

### Health arguments for prohibitive drug laws

Advocates of drug prohibition argue that particular drugs should be illegal because they are harmful and that the very nomenclature of the ‘harm reduction’ movement is testimony to their inordinate harms.<sup>[1]</sup> The U.S. government has argued that illegal drugs are *"far more deadly than alcohol"* saying *"although alcohol is used by seven times as many people as drugs, the number of deaths induced by those substances is not far apart. According to the Centers for Disease Control and Prevention (CDC), during 2000, there were 15,852 drug-induced deaths; only slightly less than the 18,539 alcohol-induced deaths."*<sup>[42]</sup> Ratios of the harms of illicit opiates to licit alcohol and tobacco in Australia are similar, with 2 deaths per hundred opiate users per annum versus 0.22 deaths per hundred for alcohol (10 times less) per year and 0.3 for tobacco (7 times less).<sup>[1]</sup> Illicit drugs are illegal because they present high mortality or health issues from their use. Addressing the harms of cannabis, where legalization would not remove any one of the harms<sup>[43]</sup> below, the DEA has said:

Marijuana is far more powerful than it used to be. In 2000, there were six times as many emergency room mentions of marijuana use as there were in 1990, despite the fact that the number of people using marijuana is roughly the same. In 1999, a record 225,000 Americans entered substance abuse treatment primarily for marijuana dependence, second only to heroin—and not by much. [...] According to the National Institute on Drug Abuse, “Studies show that someone who smokes five joints per week may be taking in as many cancer-causing chemicals as someone who smokes a full pack of cigarettes every day.” ...

Gil Kerlikowske, director of the US Office of National Drug Control Policy (ONDCP) argues that in the United States, illegal drugs already cost \$180 billion a year in health care, lost productivity, crime, and other expenditures, and that number would only increase under legalization because of increased use.<sup>[47]</sup>

## Addiction

As is the case with alcohol addiction, illicit drug addictions likewise serve to keep many such users functionally in poverty<sup>[49]</sup> and often as a continued burden on friends, family and society. Where it is argued that all disabilities are a burden on society it must be recognized that most disabilities are not the result of a choice, whereas the decision to recreationally use illicit drugs is most commonly free, and with the knowledge that they may lead to an addiction.<sup>[1][43]</sup>

...

## Economic

### Economic arguments for prohibitive drug laws

The DEA argues that "compared to the social costs of drug abuse and addiction—whether in taxpayer dollars or in pain and suffering—government spending on drug control is minimal."<sup>[28]</sup>

...

Gil Kerlikowske, current director of the US [ONDCP](#), argues that legalizing drugs, then regulating and taxing their sale, would not be effective fiscally: “The tax revenue collected from alcohol pales in comparison to the costs associated with it. Federal excise taxes collected on alcohol in 2007 totaled around \$9 billion; states collected around \$5.5 billion. Taken together, this is less than 10 percent of the over \$185 billion in alcohol-related costs from



health care, lost productivity, and criminal justice. Tobacco also does not carry its economic weight when we tax it; each year we spend more than \$200 billion on its social costs and collect only about \$25 billion in taxes.”

### **Economic arguments for drug law reform**

The [United States efforts at drug prohibition](#) started out with a US\$□350 million budget in 1971, and was in 2006 a US\$□30 [billion](#) campaign.<sup>[88]</sup> These numbers only include *direct* prohibition enforcement expenditures, and as such only represent *part* of the total cost of prohibition. This \$□30 billion figure rises dramatically once other issues, such as the economic impact of holding 400,000 prisoners on prohibition violations, are factored in.<sup>[89]</sup>

...

It has been argued that if the US government legalised marijuana it would save \$7.7 billion per year in expenditure on enforcement of prohibition. Also, that marijuana legalization would yield tax revenue of \$2.4 billion annually if it were taxed like all other goods and \$6.2 billion annually if it were taxed at rates comparable to those on alcohol and tobacco.<sup>[91]</sup>

### **Effect on producer countries**

The United States' "[War on Drugs](#)" has added considerably to the political instability in [South America](#). The huge profits to be made from cocaine and other South American-grown drugs are largely because they are illegal in the wealthy neighbouring nation. This drives people in the relatively poor countries of [Colombia](#), [Peru](#), [Bolivia](#) and [Brazil](#) to break their own laws in organising the cultivation, preparation and trafficking of cocaine to the States. This has allowed criminal, [paramilitary](#) and [guerrilla](#) groups to reap huge profits, exacerbating already serious law-and-order and political problems. Within Bolivia, the political rise of current president [Evo Morales](#) is directly related to his grassroots movement against US-sponsored coca-eradication and criminalization policies. ...

After providing a significant portion of the world's poppy for use in heroin production, Afghanistan went from producing practically no illegal drugs in 2000 (following banning by the [Taliban](#)), to cultivating what is now as much as 90% of the world's opium.<sup>[93]</sup> The Taliban is currently believed to be heavily supported by the opium trade there.<sup>[94]</sup>

### **Crime, terrorism and social order**

#### **Arguments for prohibitive drug laws**

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There is an argument that much crime and terrorism is drug related or drug funded and that prohibition should reduce this. Former US president George W. Bush, in signing the Drug-Free Communities Act Reauthorization Bill in December 2001, said, "If you quit drugs, you join the fight against terror in America."<sup>[96]</sup>

The US Office of National Drug Control Policy (ONDCP) says that drug-related offences may include violent behavior resulting from drug effects.<sup>[97]</sup>

The US Drug Enforcement Administration claims: "Crime, violence and drug use go hand in hand. Six times as many homicides are committed by people under the influence of drugs, as by those who are looking for money to buy drugs. Most drug crimes aren't committed by people trying to pay for drugs; they're committed by people on drugs." ( "[Speaking Out Against Drug Legalization](#)"

The U.S. government began the Drug Use Forecasting (DUF) program in 1987 to collect information on drug use among urban arrestees. In 1997, the National Institute of Justice expanded and reengineered the DUF study and renamed it the Arrestee Drug Abuse Monitoring (ADAM) program. ADAM is a network of 34 research sites in select U.S. cities.<sup>[98]</sup>

DUF research indicates that:

- Frequent use of hard drugs is one of the strongest indicators of a criminal career.
- Offenders who use drugs are among the most serious and active criminals, engaging in both property and violent crime.
- Early and persistent use of cocaine or heroin in the juvenile years is an indicator of serious, persistent criminal behavior in adulthood.

- Those arrested who are drug users are more likely than those not using drugs to be rearrested on pretrial release or fail to appear at trial.<sup>[99][100]</sup>

## **Arguments for drug law reform**

### **Violence and profits of drugs traffickers**

Prohibition protects the drug cartel insofar as it keeps the distribution in the [black market](#) and creates the risk that makes smuggling profitable.<sup>[92][95]</sup> As former federal narcotics officer Michael Levine states in relation to his undercover work with Colombian cocaine cartels,

"I learned that not only did they not fear our war on drugs, they *counted on it* to increase the market price and to weed out the smaller, inefficient drug dealers. They found U.S. interdiction efforts laughable. The only U.S. action they feared was an effective demand reduction program. On one undercover tape-recorded conversation, a top cartel chief, Jorge Roman, expressed his gratitude for the drug war, calling it "a sham put on for the American taxpayer" that was actually "good for business".<sup>[106]</sup>

...

### **Public opinion for prohibitive drug laws**

Modern illicit drug prohibitions were first initiated as a result of strong societal support for unified political measures against the recreational use of certain drugs which were deemed to either present unacceptable harm to the individual user, to present unacceptable harm to the users' surrounding community or to transfer too great a burden to the community.<sup>[154]</sup> ...

Currently there is still greater public support for the continued prohibiting of illicit drug use than there is for legalizing and regulating the use of these substances. In the United States 82% of those polled by the Family Research Association in 1998 were opposed to the legalization of heroin and cocaine in the same manner as alcohol is legal.<sup>[83]</sup> In October 2009 a Gallup poll found that 54% of those polled were against the legalization of cannabis.<sup>[156]</sup> ...

### **Public opinion for drug law reform**

...

Following [President Barack Obama's](#) win of the 2008 [presidential election](#), Change.gov hosted a service on their website named the [Citizen's Briefing Book](#) allowing United States citizens to give their opinion on the most important issues in America, and allow others to vote up or down on those ideas. The top ten ideas are to be given to Obama on the day of his inauguration, January 20, 2009. The most popular idea according to respondents was "Ending Marijuana Prohibition", earning 92,970 points and obtaining a total of 3,550 comments.<sup>[165]</sup> The second most popular argument, by contrast, was "Commit to becoming the "Greenest" country in the world." with 70,470 points.<sup>[166]</sup>